

BELL ATLANTIC CORPORATION  
ASSOCIATE  
EXHIBIT I  
TRANSITION OBLIGATIONS  
(\$ THOUSANDS)

		<u>Medical</u>	<u>Dental</u>	<u>Medicare Part B Reimbursement</u>
1)	APBO 1/1/91	\$1,412,354	\$93,130	\$112,080
2)	Plan Assets	195,514	30,073	0
3)	Incurred and Unreported Claims as of 12/31/90	15,980	463	0
4)	Net Plan Assets (2)-(3)	179,534	29,610	0
5)	Transition Obligation (1)-(4)	1,232,820	63,520	112,080

BELL ATLANTIC CORPORATION  
ASSOCIATE  
EXHIBIT II  
COMPONENTS OF NET PERIODIC POSTRETIREMENT BENEFIT COSTS  
(\$ THOUSANDS)  
1991

	<u>Medical</u>	<u>Dental</u>	<u>Medicare Part B Reimbursement</u>	<u>Total</u>
1) Service Cost	\$ 29,338	\$2,171	\$ 957	\$32,466
2) Interest Cost	114,041	7,425	8,892	130,358
3) Expected Return on Assets	16,862	2,478	0	19,340
4) Amortization of Transition Obligation	77,244	3,980	7,023	88,247
5) Amortization of Prior Service Cost	0	0	0	0
6) Amortization of Gains and (Losses)	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Total				
(1)+(2)-(3)+(4)+(5)-(6)	\$203,761	\$11,098	\$16,872	\$231,731

BELL ATLANTIC CORPORATION  
 ASSOCIATE  
 EXHIBIT III  
 ACCUMULATED POSTRETIREMENT BENEFIT OBLIGATIONS  
 (\$ THOUSANDS)

	<u>Medical</u>	<u>Dental</u>	<u>Medicare Part B Reimbursement</u>
Retirees	\$ 688,381	\$42,047	\$ 72,204
Other Fully Eligible Plan Participants	158,074	16,640	18,019
Other Active Plan Participants	<u>565,899</u>	<u>34,443</u>	<u>21,857</u>
Total	\$1,412,354	\$93,130	\$112,080

BELL ATLANTIC CORPORATION  
 ASSOCIATE  
 EXHIBIT IV  
 IMPACT OF 1% INCREASE IN HEALTH CARE TREND RATES  
 (\$ MILLIONS)

	<u>Medical</u>	<u>Dental</u>	<u>Medicare Part B Reimbursement</u>
1991 Combined Service Cost and Interest Cost	\$ 26.1	\$ 1.8	N/A
1/1/91 APBO	\$220.0	\$14.0	N/A

**BELL ATLANTIC CORPORATION**  
**ASSOCIATE**  
**EXHIBIT V**  
**HEALTH CARE COST TREND RATE ASSUMPTIONS**

<u>Year</u>	<u>Medical</u>		<u>Dental</u>
	<u>Below</u> <u>Age 65</u>	<u>Age 65</u> <u>and Above</u>	<u>All Ages</u>
1991	15.00%	13.90%	4.00%
1992	14.75%	7.45%	3.75%
1993	13.95%	10.05%	and
1994	12.85%	12.35%	thereafter
1995	12.10%	11.20%	
1996	11.10%	10.30%	
1997	9.50%	8.90%	
1998	8.00%	7.50%	
1999	7.00%	6.60%	
2000	6.25%	5.95%	
2001	5.75%	5.55%	
2002	5.25%	5.05%	
2003 & later	5.00%	4.80%	

BELL ATLANTIC CORPORATION  
 ASSOCIATE  
 EXHIBIT VI  
 1990 CLAIM COSTS PER RETIREE  
 (BY SEX AND QUINQUENNIAL AGE GROUP)

<u>Age</u>	<u>Medical</u> <u>For Pre 1990 Retirees</u>		<u>Dental</u> <u>For All Retirees</u>	
	<u>Males</u>	<u>Females</u>	<u>Males</u>	<u>Females</u>
Under 45	\$18,190	\$12,302	\$527	\$390
45-49	8,298	6,589	442	312
50-54	3,625	3,288	384	273
55-59	4,854	3,757	312	247
60-64	5,235	3,321	299	234
65-69	2,848	1,587	286	228
70-74	2,453	1,385	273	182
75-79	2,214	1,314	234	130
80-84	2,207	1,331	189	104
85-89	2,226	1,260	111	52
90-94	2,137	1,213	52	39
Over 94	2,011	1,218	33	13

	<u>For Post 1989 Retirees</u>
Under 65	\$4,120
Over 64	\$1,582

BELL ATLANTIC CORPORATION  
 ASSOCIATE  
 EXHIBIT VII  
 1990 AVERAGE MEDICARE PART B COSTS PER RETIREE\*

<u>Part B</u> <u>For All Retirees</u>		
<u>Age</u>	<u>Males</u>	<u>Females</u>
Under 60	\$ 0	\$ 0
60-64	0	96
65-69	474	474
70-74	632	439
75-79	608	401
80-84	594	377
85-89	542	374
90-94	477	363
Over 94	377	358

\* Retiree and dependent claim costs per retiree

EXHIBIT VIII  
Bell Atlantic Associate Employees  
Census by Age as of 1/1/91

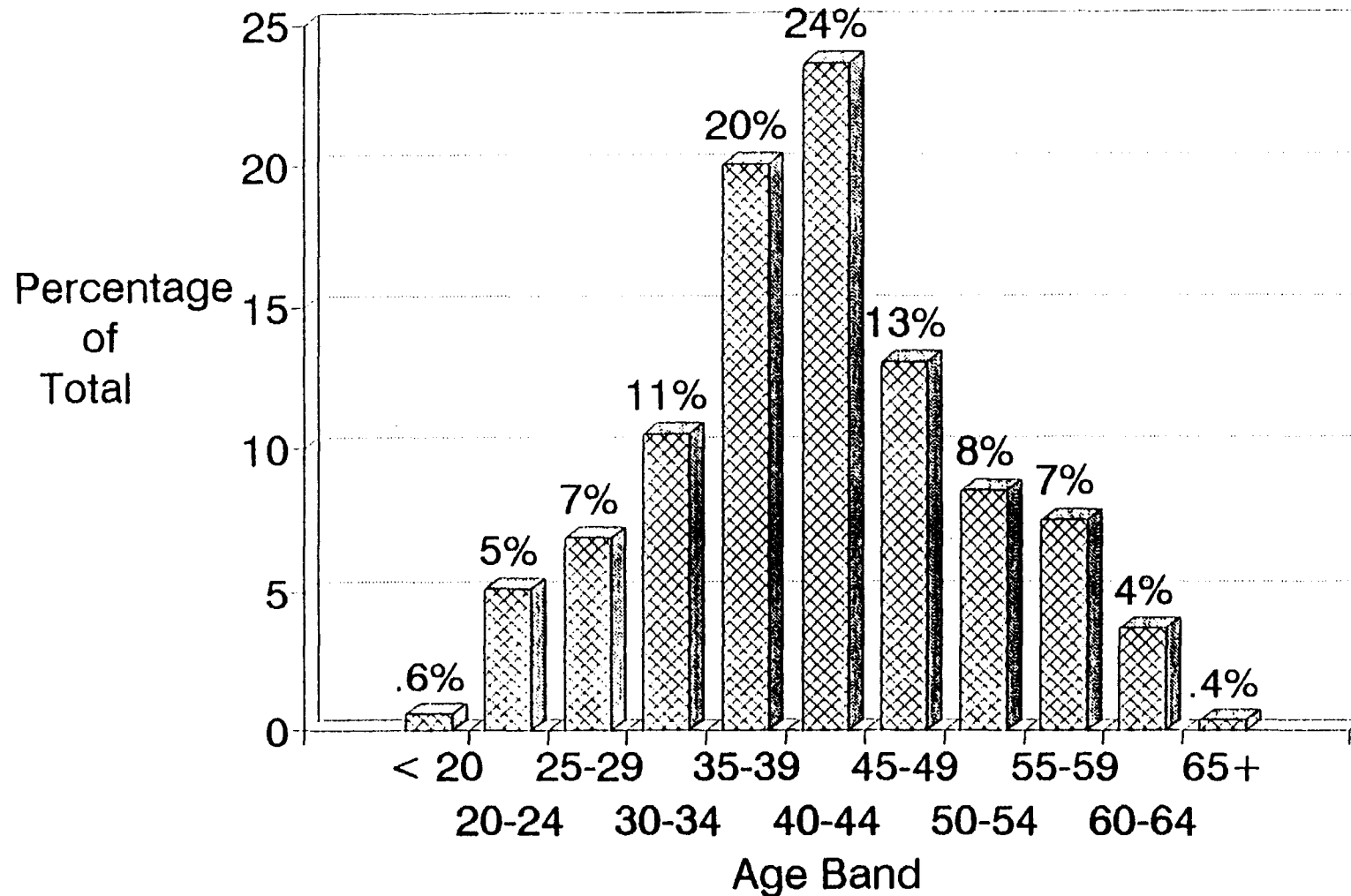
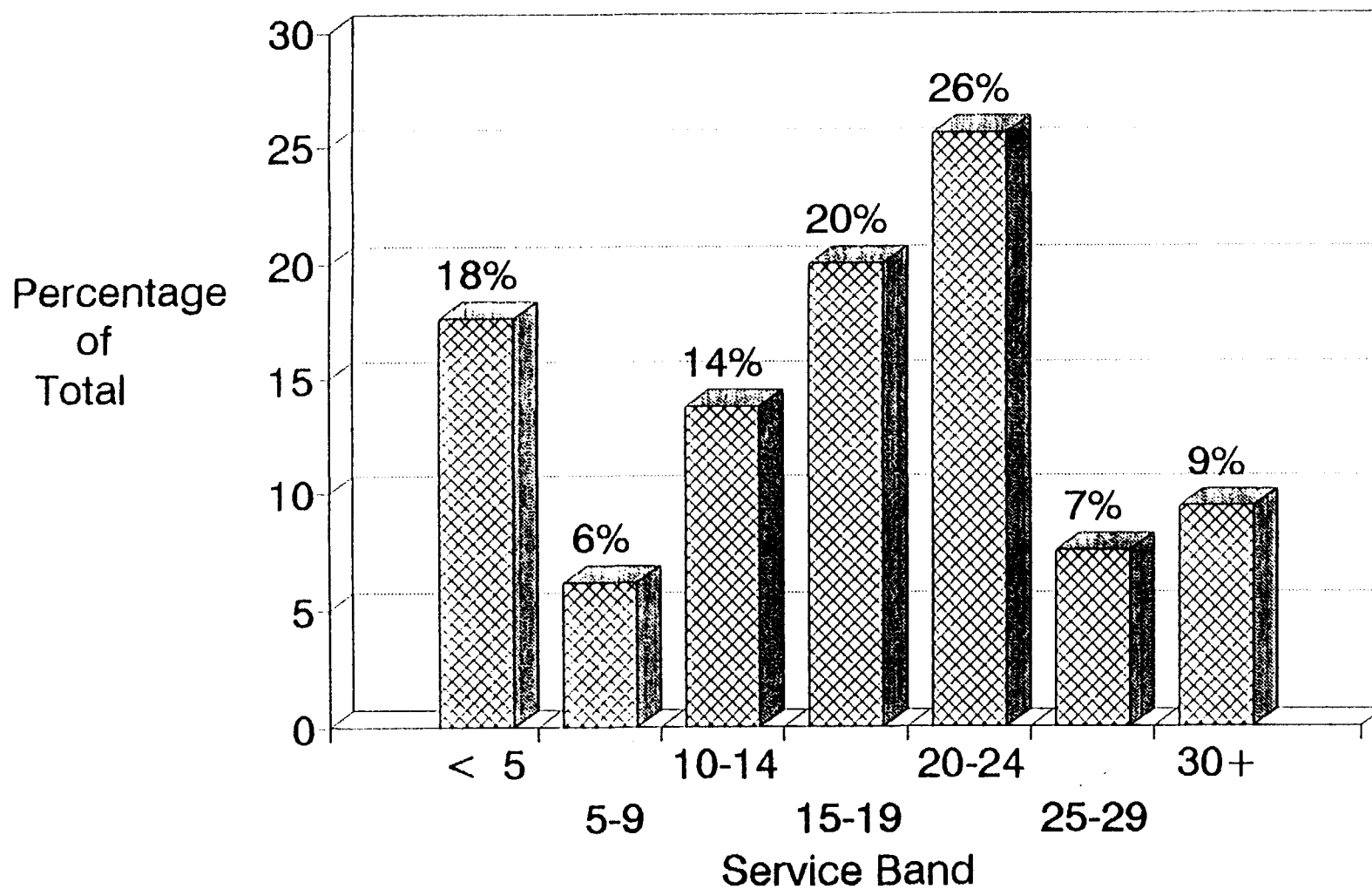




EXHIBIT VIII (Continued)  
Bell Atlantic Associate Employees  
Census by Service as of 1/1/91



**BELL ATLANTIC CORPORATION**  
**ASSOCIATE**  
**EXHIBIT VIII (Continued)**  
**ACTIVE DATA BY AGE AND SERVICE**  
**AS OF JANUARY 1, 1991**

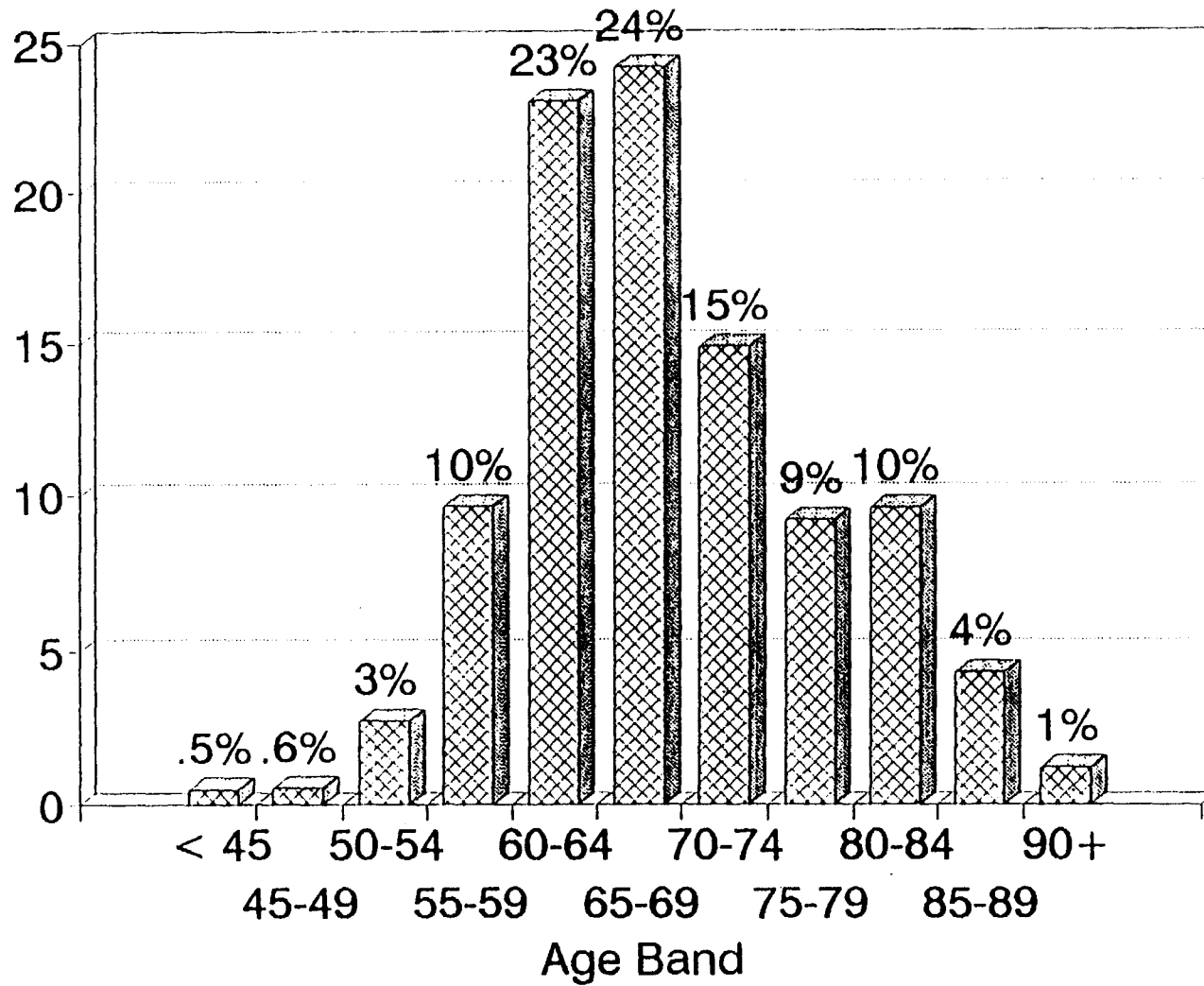
Age	Length of Service (Completed Years)							TOTAL
	0-4	5-9	10-14	15-19	20-24	25-29	30 & Over	
Under 20	304	0	0	0	0	0	0	304
20-24	2,659	34	0	0	0	0	0	2,693
25-29	2,466	874	290	0	0	0	0	3,630
30-34	1,499	1,116	2,598	306	0	0	0	5,519
35-39	1,097	617	2,284	4,792	1,758	0	0	10,548
40-44	728	296	1,098	3,282	6,456	559	0	12,419
45-49	304	145	439	954	2,932	1,877	207	6,858
50-54	135	89	277	570	1,213	863	1,344	4,491
55-59	71	28	148	392	683	412	2,225	3,959
60-64	21	21	82	195	341	211	1,066	1,937
Over 64	2	7	18	34	46	19	77	203
TOTAL	9,286	3,227	7,234	10,525	13,429	3,941	4,919	52,561

The Average Age is 41.2  
 The Average Length of Service is 16.7

EXHIBIT IX  
Bell Atlantic Associate Retirees  
Census by Age as of 1/1/91

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Percentage  
of  
Total



**BELL ATLANTIC CORPORATION**  
**ASSOCIATE**  
**EXHIBIT IX (Continued)**  
**RETIREE\* DATA BY AGE**  
**AS OF JANUARY 1, 1991**

<u>Age</u>	<u>Male</u>	<u>Female</u>	<u>Total</u>
Under 45	35	73	108
45-49	40	83	123
50-54	154	450	604
55-59	804	1,323	2,127
60-64	1,953	3,105	5,058
65-69	2,023	3,291	5,314
70-74	1,076	2,191	3,267
75-79	383	1,646	2,029
80-84	337	1,772	2,109
85-89	197	757	954
Over 89	57	214	271
 TOTAL	 7,059	 14,905	 21,964

The average age of the retirees is 68.5.

\* Includes Service and Disability Pensioners.

## Appendix A

**BELL ATLANTIC CORPORATION**  
**ASSOCIATE**  
**SUMMARY OF POSTRETIREMENT**  
**PLAN ELIGIBILITY PROVISIONS**

Retirement Eligibility

<u>Age</u>		<u>Minimum Years of Service</u>	<u>Type of Retirement</u>
65	and	10	Service Pension
60	and	15	Service Pension
55	and	20	Service Pension
50	and	25	Service Pension
Any Age	and	30	Service Pension
Any Age	and	15	Disability Pension

Long Term Disability Eligibility

Coverage is provided for employees who are disabled and entitled to Long Term Disability (LTD) benefits.

Dependent Eligibility

Under the Medical Expense Plan, there are four types of dependents who qualify for coverage; Class I dependents, Grandfathered Class II dependents, sponsored parents and sponsored children.

- ▶ Class I Dependents include:
  - spouses
  - unmarried children under age 20, or under age 24 if full-time students
  - unmarried children, regardless of age, who are physically or mentally handicapped and fully dependent on the retiree for financial support.
- ▶ Grandfathered Class II Dependents are dependents who were covered as Class II dependents before 1/1/90, and who are dependent on the retiree for support and have lived with the retiree for at least six months and have total income including Social Security less than the maximum per year stated in the plan. This category includes unmarried children who are not Class I dependents, brothers and sisters, parents and grandparents and unmarried grandchildren.
- ▶ A Sponsored Parent is a parent of a retiree (or his/her spouse) and meets the Grandfathered Class II Dependent criteria except that such parent was not covered as a Class II dependent before 1990. The retiree must pay the full cost of this coverage.

Appendix A

BELL ATLANTIC CORPORATION  
ASSOCIATE  
SUMMARY OF POSTRETIREMENT  
PLAN ELIGIBILITY PROVISIONS (Continued)

- ▶ A Sponsored Child is an unmarried child who is not eligible for coverage as a Class I or Grandfathered Class II dependent. Sponsored children can receive coverage if under age 24 regardless of income or residence. The retiree must pay the full cost of this coverage.

The Dental Expense Plan covers only Class I Dependents and Sponsored Children.

## Appendix B

**BELL ATLANTIC CORPORATION**  
**ASSOCIATE**  
**SUMMARY OF MEDICAL EXPENSE PLAN PROVISIONS**

## I. For Associate Retirees who retired before 1/1/90

Type of ExpenseThe Plan PaysHOSPITAL CAREInpatient Services:

Semiprivate room, board, and services including critical care, intensive care and cardiac care units, and necessary supplies, tests and other care

100% for up to 120 days for each separate stay for most confinements with Pre-Admission Review (30 days for mental & nervous confinements).

If Pre-Admission Review is not used:

0% if hospitalization was not medically necessary.

100% minus 1% of annual pension (maximum reduction of \$250) if hospitalization was medically necessary.

Private room

100% if medically necessary. If not, only the charge for a semi-private room is covered. If there are only private rooms and private room confinement is not medically necessary, then coverage is at 90% of the private room rates.

Outpatient Services:Emergency Care

100% of the reasonable and customary charge if treatment is given:

- within 72 hours after an accident or the onset of a sudden and serious illness.

## Appendix B

BELL ATLANTIC CORPORATION  
ASSOCIATE  
SUMMARY OF MEDICAL EXPENSE PLAN PROVISIONS (Continued)

<u>Type of Expense</u>	<u>The Plan Pays</u>
Ambulatory Surgical Facility	100% of the facility charge.
Pre-Admission Testing	100% of the reasonable and customary charge for diagnostic laboratory services and x-ray examinations performed prior to surgery under an approved program.
<u>SURGICAL CARE</u>	100% of the reasonable and customary charge for selected procedures when the Second Surgical Opinion or Outpatient Surgery Program is used.
Surgery	95% of the reasonable and customary charge for other surgeries. The other 5% of reasonable and customary charge will be covered under Other Covered Charges.
<u>MEDICAL CARE</u>	
Diagnostic X - Rays and Lab Tests (outside the hospital)	100% of the reasonable and customary charge - subject to certain limitations.
Radiation Therapy	
Chemotherapy	
Electroshock Therapy	
Dialysis Treatment	
Administration of Anesthesia	90% of the reasonable and customary charge - subject to certain limitations. The other 10%, up to 100% of the reasonable and customary charge, will be covered under "Other Covered Charges."
In-Hospital Doctor's Visits	
In-Hospital Consultations	



## Appendix B

**BELL ATLANTIC CORPORATION**  
**ASSOCIATE**  
**SUMMARY OF MEDICAL EXPENSE PLAN PROVISIONS (Continued)**

<u>Type of Expense</u>	<u>The Plan Pays</u>
<u>ALCOHOL TREATMENT PROGRAM FOR REHABILITATION</u>	100% of charges for inpatient care if received in an approved program - up to 60 days for lifetime. Benefits apply only to the retiree and Class I Dependents.
<u>OTHER COVERED CHARGES</u> in excess of the annual deductible (The deductible per person equals 1% of the annual pension benefit but not more than \$150 nor less than \$25 per person per calendar year.)	80% of the reasonable and customary charges for most other covered expenses until "Other Covered Charges" total \$5,000, then...  100% of any remaining covered expenses for the remainder of that calendar year.  For non-hospital psychiatric care, the Plan pays 50% of the reasonable and custom- ary charges.
<u>MAXIMUM BENEFITS UNDER "OTHER COVERED CHARGES"</u>	\$50,000 in lifetime benefits for the retiree during retirement and for each covered dependent. These retirees had a one-time opportunity to purchase an additional cov- erage of \$50,000.  The first \$3,500 of benefits each calendar year are not applied toward this maxi- mum.
<u>MAIL ORDER PRESCRIPTION DRUGS</u>	100% of charges in excess of \$8 for each prescription.

## Appendix B

**BELL ATLANTIC CORPORATION**  
**ASSOCIATE**  
**SUMMARY OF MEDICAL EXPENSE PLAN PROVISIONS (Continued)**

**II. For Associate Retirees who retire on or after 1/1/90**

Same as Associate Retirees who retired before 1/1/90 except:

The deductible has been changed to apply also to hospital care charges.

Starting in 1993, the benefits are subject to employer cost caps as follows:

	<u>Under Age 65</u>	<u>Age 65 &amp; Over</u>
Single Coverage	\$2,850	\$670
Family Coverage	\$4,860	\$1,660

Managed Care Networks (if available)

If a retiree chooses a Network provider, there is no deductible, co-payments are the same as above, and a \$10 co-payment applies to physicians fees for office visits.

If a retiree does not use a Network provider, there is a \$250 deductible, the Plan pays 80% of Network-negotiated fees for most covered services and there is an annual maximum of \$1,500. Charges in excess of negotiated fees are not applied to the \$1,500 maximum.

**III. All Retirees and eligible dependents Age 65 or Over:**

Benefits provided under the Plan are reduced by benefits available under Medicare.

**IV. Substantive Plan**

The Company costs developed in this report reflect a Substantive Plan with respect to Medical benefits. Under the Substantive Plan, the claims with respect to members who retired prior to 1990 (and their eligible dependents) would be 100% paid by the Company (other than the deductible and copayments) through the Bell Atlantic Retiree Health Trust. For employees who retire after 1989, a percentage of the average claim per retiree is expected to be paid by the Company through the Retiree Health Trust and all such retirees will be responsible for paying for that portion of the average claim not paid by the Company.

Appendix B

**BELL ATLANTIC CORPORATION**  
**ASSOCIATE**  
**SUMMARY OF MEDICAL EXPENSE PLAN PROVISIONS (Continued)**

The Company cost Caps per retiree negotiated in 1989 are expected to remain in effect at least through the end of 1995. Subsequently, it is anticipated that the Company cost caps will be increased during collective bargaining and ultimately stabilize at approximately 75% of average claims per retiree.

## Appendix C

**BELL ATLANTIC CORPORATION**  
**ASSOCIATE**  
**SUMMARY OF DENTAL EXPENSE PLAN PROVISIONS**

<u>Type of Expense</u>	<u>The Plan Pays</u>
<u>Type A Services</u>	
Routine oral examinations	100% of the usual and prevailing charges.
Emergency examinations if medically necessary	
Prophylaxis (cleaning and scaling of teeth)	
Fluoride treatments	
Space maintainers (for dependent children under age 19 only)	
X-rays (dental X-rays, radiographs)	
<u>Type B Services</u>	
Restorations	Scheduled Amounts Only after a one time deductible of \$50 for each covered retiree and eligible dependent.
Oral surgery excluding procedures covered by the Medical Expense Plan	
Endodontics	
Periodontics	
Prosthodontics	
Orthodontics	
General anesthesia	
<u>Annual Maximum</u>	\$1,000 per person per calendar year.
<u>Lifetime Orthodontia Maximum</u>	\$1,500 per person in addition to annual maximum.
<u>Dental Maintenance Organization (DMO)</u>	100% coverage for many services, 60% for major services (root canals, inlay/onlay, dentures anesthesia) and 50% for orthodontics.
	There are no deductibles, annual or life-time maximums.

Appendix D

**BELL ATLANTIC CORPORATION  
ASSOCIATE  
SUMMARY OF MEDICARE PART B REIMBURSEMENT PLAN PROVISIONS**

- ▶ Reimbursement of Medicare Part B Premiums.
- ▶ Reimbursement is Frozen at the 1991 Part B Amount.
- ▶ Eligible Participants:
  - Current and Future Medicare Eligible Retired Associates.
  - Current and Future Medicare Eligible Class 1 Dependents of Retired Associates.

TABLE 1

## Bell Atlantic Corporation

Annual Rates of Employee Separation From Service  
Before Eligibility to Service Retirement

## Male Employees

## Associate

Service in years t	Rates of separation during year $t + .5$ to $t + 1.5$ for employees entering service at specimen ages							
	15	20	25	30	35	40	45	50
0	.197	.185	.158	.135	.120	.115	.117	.120
1	.120	.110	.087	.068	.053	.044	.044	.045
2	.078	.070	.056	.046	.042	.040	.038	.039
3	.058	.051	.037	.034	.029	.030	.029	.027
4	.039	.035	.026	.026	.021	.025	.025	.024
5	.028	.026	.019	.021	.017	.021	.021	.024
6	.022	.021	.016	.017	.013	.018	.019	.022
7	.020	.019	.015	.015	.012	.016	.018	.022
8	.017	.016	.013	.014	.011	.014	.017	.026
9	.014	.014	.012	.012	.010	.014	.017	.029
10	.012	.012	.011	.011	.009	.014	.019	.034
11	.010	.010	.010	.011	.009	.014	.024	.037
12	.009	.010	.009	.010	.010	.016	.027	.043
13	.009	.010	.009	.010	.010	.016	.028	.050
14	.009	.010	.008	.009	.011	.018		
15	.009	.009	.008	.009	.011	.019		
16	.008	.008	.008	.009	.012	.020		
17	.007	.008	.008	.008	.012	.023		
18	.007	.008	.008	.008	.012	.026		
19	.006	.008	.007	.009				
20	.006	.008	.007	.010				
21	.006	.008	.007	.010				
22	.006	.008	.007	.010				
23	.006	.008	.007	.011				
24	.007	.007						
25	.007	.007						
26	.008	.007						
27	.008	.007						
28	.008	.007						

Note: Based on separations due to death, disability and withdrawal combined.

TABLE 2

## Bell Atlantic Corporation

Annual Rates of Employee Separation From Service  
Before Eligibility to Service Retirement

## Female Employees

## Associate

Service in years t	Rates of separation during year $t + .5$ to $t + 1.5$ for employees entering service at specimen ages							
	15	20	25	30	35	40	45	50
0	.208	.194	.164	.136	.113	.096	.086	.087
1	.148	.139	.115	.094	.075	.063	.056	.060
2	.116	.107	.087	.067	.051	.039	.031	.033
3	.079	.081	.072	.056	.040	.034	.034	.031
4	.071	.071	.058	.045	.033	.030	.029	.031
5	.066	.064	.048	.037	.029	.028	.028	.030
6	.062	.057	.044	.029	.026	.026	.027	.030
7	.057	.050	.037	.025	.024	.024	.027	.030
8	.053	.046	.030	.023	.022	.023	.027	.032
9	.049	.042	.026	.023	.021	.023	.027	.032
10	.044	.039	.026	.022	.021	.022	.027	.034
11	.040	.035	.026	.022	.020	.022	.027	.040
12	.035	.031	.024	.022	.020	.022	.027	.045
13	.031	.027	.022	.022	.020	.022	.027	.054
14	.029	.026	.020	.021	.020	.021		
15	.026	.024	.020	.021	.020	.020		
16	.022	.021	.020	.020	.019	.020		
17	.020	.020	.020	.019	.019	.019		
18	.018	.018	.020	.019	.017	.019		
19	.018	.018	.018	.019				
20	.017	.018	.018	.019				
21	.017	.018	.017	.017				
22	.016	.017	.016	.015				
23	.016	.016	.015	.016				
24	.015	.014						
25	.015	.014						
26	.015	.014						
27	.014	.014						
28	.013	.013						

Note: Based on separations due to death, disability and withdrawal combined.

TABLE 3

## Bell Atlantic Corporation

## Rates of Promotion from Associate to Management\*

Associate

Service t	Rates of Promotion during year of service t + .5 to t + 1.5	Service t	Rates of Promotion during year of service t + .5 to t + 1.5
0	.0032	16	.0105
1	.0120	17	.0096
2	.0213	18	.0089
3	.0336	19	.0082
4	.0382	20	.0075
5	.0348	21	.0067
6	.0304	22	.0060
7	.0250	23	.0052
8	.0205	24	.0044
9	.0180	25	.0038
10	.0162	26	.0032
11	.0148	27	.0026
12	.0138	28	.0020
13	.0128	29	.0016
14	.0120	30	.0010
15	.0110	over 30	.0005

\* Associate Plan Assumptions



TABLE 4

Bell Atlantic Corporation  
Annual Rates of Retirement on Disability Pension

Associate

Age x	Rates of disability retirement during year of age x + .5 to x + 1.5		Age x	Rates of disability retirement during year of age x + .5 to x + 1.5	
	Male	Female		Male	Female
30	.0007	.0010	45	.0024	.0034
31	.0007	.0010	46	.0024	.0034
32	.0007	.0010	47	.0024	.0034
33	.0007	.0010	48	.0024	.0034
34	.0007	.0010	49	.0024	.0034
35	.0011	.0015	50	.0042	.0060
36	.0011	.0015	51	.0042	.0060
37	.0011	.0015	52	.0042	.0060
38	.0011	.0015	53	.0042	.0060
39	.0011	.0015	54	.0042	.0060
40	.0015	.0021	55	.0020	.0030
41	.0015	.0021	56	.0020	.0030
42	.0015	.0021	57	.0020	.0030
43	.0015	.0021	58	.0020	.0030
44	.0015	.0021	59	.0020	.0030